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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Malawi

The Executive Director recommends that the Executive Board approve the country programme of Malawi for the period 1992-1996 in the amount of $16.5 million from general resources, subject to the availability of funds, and $40,350,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Malawi has endorsed the World Summit for Children goals for the 1990s which, in turn, highlight the disparities between the ideals as set down in the World Summit Declaration and Plan of Action and the status of children in Malawi. The national infant mortality rate (IMR) is estimated at 144 per 1,000 live births, but it varies widely from district to district. IMR is lowest in the northern district of Rumphi, while in Salima, a district in the central part of the country, it reaches its highest level. Preliminary estimates indicate that, as a result of acquired immune deficiency syndrome (AIDS), IMR could increase by 50 per cent by the year 2000. The under-five mortality rate is also very high, with a national average of 253 per 1,000 live births.

2. The maternal mortality rate (MMR) is estimated at 474 per 100,000 live births, also unacceptably high. A district-wide community study revealed that 56 per cent of these deaths occurred outside a health unit. The total fertility rate is 7.6, one of the highest in the world. Some 50 per cent of women have their first child by the age of 18 years, and only 32 per cent of women deliver at a health unit. Approximately half of pregnant women attend antenatal facilities. Modern forms of contraception are used by only 3.4 per cent of women of child-bearing-age. Of the children born alive, 20 per cent weigh less than 2.5 kilograms.

3. Malaria is the most common debilitating disease in Malawi, responsible for 39 per cent of all outpatient visits. Together with anaemia, malaria accounts for 24 per cent of under-five-year-old admissions to health institutions and 43 per cent of deaths, reflecting an increase in mortality of over 40 per cent in five years. Available health information indicates that diarrhoea is also a very serious problem for young children, with an incidence rate of 1,700 per 10,000 children under five years of age; it is accepted that the real incidence rate is much higher. There is a clear need for hygiene education so that clean water and a sanitary means of excreta disposal, presently available to 41 and 51 per cent of the population, respectively, will contribute to a decrease in diarrhoeal diseases.

4. In terms of vaccine-preventable childhood diseases, Malawi has made remarkable progress in the past three years owing to an effective and successful immunization programme. There has been a 60 per cent decrease in the neonatal tetanus mortality rate since 1983, and the incidence of measles in children under five years of age dropped by 65 per cent between 1985 and 1990. No cases of poliomyelitis were recorded in 1991. Acute respiratory infections (ARI) were responsible for 26 per cent of deaths of young children. Measles and pneumonia caused 23 per cent of deaths.

5. A major contributing cause of malnutrition (56 per cent of under-five-year-olds are stunted because of malnutrition) is widespread household food insecurity. The lack of sufficient food throughout the year affects 70 per cent of rural families, and households headed by women, which

constitute 30 per cent of rural families, exist on less than 1 hectare each. Micronutrient deficiencies are also all too common. In 1983, a study of six districts showed that 66 per cent of people examined had goitre. In a 1988 survey of one district, 22 per cent of the population were deficient in vitamin A and another 20 per cent were borderline; this district was not regarded as unusual. More recently, a main hospital-based study showed that 70 per cent of antenatal clinic attenders were anaemic.

6. The adult literacy rate in Malawi is 42 per cent, but only 31 per cent of women are literate. Approximately 50 per cent of eligible children attend primary school, and a very high proportion drop out before completion.

7. The capacity of the Government to tackle these problems is limited, since Malawi, with a per capita income of $160, is one of the poorest countries in the world. Between 1980 and 1989, the average growth rate in the economy was 2.2 per cent, while the population grew by 3.2 per cent per year. In recent years, Malawi has been beset by natural disasters (droughts, floods, cyclones and landslides). Despite this, there was an improvement in economic performance in 1990, with a growth rate of 3.7 per cent, and the Government is placing a greater priority on and a higher level of investment in education and health. However, the public sector budget will continue to depend on external concessionary assistance to carry out its programme of improving the health and educational status of the population.

8. Administratively, Malawi is divided into 24 districts in three regions. Each district, which is divided into wards, has an elected district council. The district coordinates development through the district development committee, and each village has a primary health care (PHC) action committee. There is also a very strong traditional leadership system, which is prominent at all levels of Government.

9. Malawi has been host to over 900,000 refugees from Mozambique over the past few years. This has put an inordinate strain on the country's limited infrastructure, as well as on its environment. The Government, with assistance from the international community under the leadership of the Office of the United Nations High Commissioner for Refugees (UNHCR), has been very effective in supporting this massive influx of people. However, the long-term needs of the refugees, particularly those of women and children, require additional support. As Malawi moves forward in social and economic development, it is important to assist the Government and the affected local population groups in helping the refugees to progress towards the goals for children and development as well. Already, refugee children have benefited significantly from being integrated into the successful national universal child immunization (UCI) programme and share in very high rates of coverage.

PROGRAMME COOPERATION, 1988-1991

10. Over the past four years, there have been a number of clear achievements. The national mobilization that took place to achieve UCI within two years of commencing the effort was impressive. Even more important has been the determination of the Government to maintain the gains. UNICEF support for community-based innovations to improve the situation of female-headed-households has provided valuable insights for a strategy for poverty alleviation. The World Bank, the United Nations Development Programme (UNDP) and the European Economic Community (EEC) have taken up some of the core lessons, particularly in increasing food production among the poorest and most vulnerable group of the population. The programme has provided a unique basis on which to build a broad-based community strategy to achieve the goals for children and development in the 1990s.

Maternal and child health

11. Malawi reached the UCI goal in 1989, and high levels of coverage have been sustained. In 1990, coverage for all antigens was over 80 per cent and reached 89 per cent for the third dose of the combined diphtheria/pertussis/tetanus vaccine, 82 per cent for measles vaccine, 87 per cent for the third dose of poliomyelitis vaccine and 99 per cent for the anti-tuberculosis vaccine. Vaccination against tetanus toxoid reached to 76 per cent of women of child-bearing-age. The impact of the programme is demonstrated by a two-thirds reduction in the neonatal tetanus mortality rate from 12 per 1,000 live births in 1983 to 5 per 1,000 live births in 1990, and a steady decline in the outpatient under-five-year-old measles incidence rate from 71 per 1,000 live births in 1985 to 25 per 1,000 live births in 1990.

12. Programme activities in the area of control of diarrhoeal diseases (CDD) and malaria focused on training, the procurement of oral rehydration salts (ORS) and the development and production of information, education and communication materials. To date, more than 800 primary school teachers (4 per cent of the total number of teachers in the country), 900 PHC committee members in 8.6 per cent of all villages and 600 shop owners have been trained. A guideline for teachers on the treatment and prevention of diarrhoea is available, and an operational study on diarrhoea morbidity and mortality has been undertaken. ORS supplies were previously included in the essential drug kits, but it has been decided that they should be provided separately in order to facilitate control of distribution to all levels and rapidly respond to cholera epidemics. From 1986 to 1988, the incidence of diarrhoea at sentinel sites declined by about 42 per cent, but since 1989, annual cholera epidemics, resulting from poor sanitary conditions and generalized poverty, have aggravated the situation.

13. Against an annual target of 200 community health workers (CHWs) (2 workers in each of 100 villages), over 1,000 CHWs have been trained in the principles and practices of growth monitoring. Some 600 scales per year have been supplied for the promotion of community growth monitoring. UNICEF has played a major advocacy role for the establishment of an iodation plant, now

accepted by the Government. The problems of vitamin A deficiency and anaemia has been recognized, and retinol capsules and iron tablets have been included in essential drugs kits. In addition, iron tablets have been distributed by trained traditional birth attendants (TBAs).

14. Earlier in the programme cycle, support was provided for the training of TBAs (at the rate of about 10 per district per year), refresher courses and the training of trainers/supervisors, as well as for the development and production of training materials for TBAs. The trained TBAs received TBA kits from UNICEF.

15. In addition to support for the training workshops for prescribers in all three regions, support for the printing of the essential drugs lists for central-level, district hospitals and health centres, and support for the quarterly publication of the Malawi Drug Bulletin, UNICEF supplied 700 essential drugs kits annually to all health units of the Government and Private Hospital Association of Malawi. A World Bank sector credit with Government of the Netherlands co-financing will assume responsibilities for the national drug action plan.

Community child care and support for women

16. The community child-care programme was established by the Ministry of Community Services to test new approaches to modifying traditional models of child care. The programme was implemented through three pilot projects, which have significantly raised the attention of senior policy makers, non-governmental organizations (NGOs) and communities in the pilot project areas. Government commitment to the projects is best demonstrated by the recent proposal for a national budget allocation to a programme of national coverage for child care in rural Malawi. A major outcome is the linkage between community child-care groups and complementary child health services, including growth promotion, immunization and supplementary feeding.

Nutrition

17. Much has been accomplished in food and nutrition policy analysis and nutrition surveillance under the collaborative project with the Cornell University (United States) food and nutrition policy programme, which has provided technical advisors to key government offices. Assistance to the Food Security and Nutrition Unit of the Office of the President has resulted in the preparation of the first-ever food security and nutrition policy statement, which contains the government strategy for addressing the serious problems of food insecurity and child malnutrition. A national food and nutrition surveillance system is now in place and provides information for medium- and long-term planning. Twice a year, a Food Security and Nutrition Bulletin is released to government offices and the donor community, which provides a succinct update on major issues and developments in national food security, household food security, child nutrition and food aid. Another major accomplishment has been the formation of a food security and nutrition advisory committee.

18. Assistance was provided to the Ministry of Agriculture to develop a household food security and nutrition monitoring system, which was built upon the Ministry's existing data collection infrastructure. Information from this system has been used for local-level planning of agricultural policies and intervention programmes, and is used extensively for national policy formulation.

Area-based programme

19. The three rural projects included in the programme aimed at establishing a dynamic process for development at the community level and tackled the appropriate goals in an integrated approach. The first project, in Ntchisi district, has raised considerable interest and support from donors, including the World Bank and UNDP. Because of its achievements in reducing child mortality and morbidity, the programme was extended to two additional districts. UNICEF-assisted national sectoral programmes, namely the expanded programme on immunization (EPI) and training of TBAs, have complemented project activities. The conceptual framework of the UNICEF strategy for the improved nutrition of children and women in developing countries (E/ICEF/1990/L.6) has been used in the area-based programme as a method to determine the factors that contribute to the high mortality and morbidity of children and women in the country.

Education

20. Owing to an acute shortage of teachers, the Government of Malawi has been recruiting untrained teachers to fill the gap. By 1987, 15 per cent of the teaching force was composed of untrained teachers. In the same year, the Government and UNICEF embarked on a project to give these teachers a one-year training course in methodology to upgrade their skills. To date, some 2,100 teachers have been trained, all of whom are now working in rural areas. The programme will continue for two more years in order to train the remaining 1,000 teachers. As the coordinating international agency for Malawi's preparation for the World Conference on Education for All, UNICEF advocated meetings and seminars on education and participated in writing a country paper, which outlined the situation of education and the partners in achieving education for all, and put forward a draft plan of action and strategies for achieving the education goals. In 1991, a symposium for the private sector was held with the aim of mobilizing resources for primary education. After the conference, the country focused its approach to education in a multisectoral way, and this has resulted in a much more responsive climate for new ideas to address the serious problems facing the nation.

21. UNICEF has been supporting the national adult literacy programme, which is coordinated by the Ministry of Community Services and has already covered about 210,000 learners. With an expected enrolment of 44,000 in 1991, total coverage for the five-year period will be over 250,000 people. An improvement in the Ministry's data collection and monitoring system has enabled UNICEF to obtain more reliable information on programme coverage. UNICEF also has been instrumental in reviving donor agency coordination in education. A group

meets once a month, with UNICEF and UNDP as coordinators, and uses the forum to share ideas and experiences, leading to a coordinated approach in programming.

Water supply and environmental sanitation

22. UNICEF activities in this sector have diversified and included trials of different technologies. In 1988, a project on rainwater catchment was tried in three areas. The shallow wells project, serving 10,000 people in Ntchisi, was assisted with tools, equipment and hand-pumps. Forty wells were equipped with the locally manufactured Afridev direct action hand-pump. These hand-pumps are designed for village-based maintenance and their development was also assisted by UNICEF. In 1990, 70 pump caretakers were trained and an additional 10 will be trained by the end of 1991. An additional 30 wells will be equipped with hand-pumps and 70 more caretakers will be trained. The 80 caretakers in the Nsanje district's water supply, sanitation and hygiene education project will service 40 boreholes that were rehabilitated in 1989-1990 with supplementary funding from the Australian and Japanese National Committees for UNICEF to serve 10,000 people. Training of these caretakers will have been completed by the end of 1991. Funds for this project have been received from the Australian International Development Assistance Bureau as part of the Robert Nestdale Memorial Fund. Sanitation and hygiene education activities through the Ministry of Local Government were concentrated in the three area-based programme districts.

Social mobilization

23. Social mobilization was introduced as an integral component of EPI in 1988 in order to contribute to the acceleration of immunization activities for the achievement of UCI, which was reached one year in advance of the target year. The social mobilization approach contributed to this achievement by raising the awareness of families and communities and by motivating parents to immunize their children. In 1990, social mobilization became a component of all projects of the country programme and was fully integrated into the health education system of the Ministry of Health and the programmes of other agencies and NGOs. Social mobilization has been also utilized for the AIDS control programme, by bringing information on AIDS prevention to the communities through village-level orientation and the use of drama groups. Regular meetings take place at regional and district levels to sensitize religious leaders and NGOs on priority issues. Recently the NGO network has been utilized to raise awareness and initiate action on the preparation of the national programme of action for the implementation of goals for children and development in the 1990s.

Research for advocacy

24. The Centre for Social Research, which is largely funded by UNICEF, has been the main body responsible for generating information on women and children over the past 10 years. Through publications and workshops, the Centre disseminates information to policy planners and decision makers on

issues that are relevant to child survival and development (CSD). The Centre was crucial in providing evidence on the impact of economic structural adjustment policies to the Government and the international community. UNICEF funded two studies on the effects of structural adjustment policies on poor urban households, and another study on grain-market liberalization. In 1991, the Centre played a pivotal role in the preparation of the United Nations/Government situation analysis of poverty in Malawi, which was used to develop the five-year country programmes of UNICEF and UNDP.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $16,500,000
Supplementary funding: $40,350,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b	Total
Health	5 750	16 500	22 250
Rural area-based programme	3 350	3 750	7 100
Urban area-based programme	750	2 500	3 250
Food security and nutrition	1 950	-	1 950
Education	2 500	5 000	7 500
Water supply and environmental sanitation	-	9 000	9 000
Refugee women and children	-	3 600	3 600
Advocacy, social mobilization and monitoring	2 200	-	2 200
Total	16 500	40 350	56 850

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

National programme of action

25. The Government is currently assessing the feasibility of World Summit of Children's goals within the context of the national programme of action, and the agreed upon goals will be supported by the country programme. UNICEF will also support the Government in developing low-cost, practical policies and strategies to achieve the supporting/sectoral goals for the 1990s. As such, the general objectives of the country programme should be seen in the context of the decade, rather than only one programme cycle.

26. In the previous programme, the support provided for women was directed towards women's health (tetanus toxoid vaccination and antenatal care) and women's roles: as farmers (agricultural credit); as drawers of water; as participants in development (adult literacy and girl child education); as environmentalists (sanitation and tree planting); and as mothers (child health and improved child care). The programme objective of expanding the income of women, especially through innovations in agricultural training and credit, was particularly effective in the last period of cooperation. The central theme of the new country programme will be to improve the position of women in all programmes and projects. The entire country programme will be evaluated on this basis.

Rural area-based programme

27. This programme will continue to develop approaches to the implementation of the goals for the 1990s in targeted districts in order to assist the Government in the long term to expand to the national level. The area-based programmes will become the main loci for testing strategies to achieve the goals for the 1990s under the basic principles of participation, income expansion and cost-sharing. Strategies, costs and staff support will be carefully monitored to establish fully the long-term sustainability of the programme. The main areas of emphasis will be health; child care; growth promotion; improved household food security; water supply, sanitation and hygiene education; improved maternal health; increased access to primary education and adult literacy; control of micronutrient deficiencies; and support for refugee women and children.

Urban area-based programme

28. This programme will attempt to develop low-cost methods to tackle the problems of recent urbanization and its impact on women and children. The two projects in Lilongwe and Zomba will aim at reaching 15,000 people and will consist of several components. Implementation rates will be adapted to the specific conditions of the particular project areas. Growth promotion for young children and safe motherhood activities will be areas of major focus. Diarrhoea, which is partially caused by endemic cholera, will be targeted through the provision of ORS, hygiene education and safe water supply. Environmental degradation has adversely affected water supply and sanitation and a major effort will be made to improve these facilities, provide hygiene education and assist communities to improve the quality of housing. Since

demands on women to generate income while also caring for young children without the traditional support mechanisms of the rural areas are great, support will also be directed at developing systems of child care. New methods will be developed to help communities to care for the increasing numbers of orphans, particularly AIDS orphans. As in rural areas, community-based situation analyses, monitoring and programme initiatives will be facilitated through training and the use of participatory processes. There is great potential to attract support from the private sector and service organizations for urban projects.

Health

29. The programme will support the Government in the achievement of the following major objectives: (a) to reduce MMR by 25 per cent; (b) to reduce moderate and severe malnutrition among children under five years of age by one fourth; (c) to eradicate poliomyelitis; (d) to eliminate neonatal tetanus; (e) to achieve and sustain 90 per cent immunization coverage of children under one year of age against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis and against tetanus for women of child-bearing-age; and (f) to reduce the number of deaths caused by ARI in children under five years of age by 15 per cent compared with the 1990 level.

30. In order to achieve those objectives, the following projects will be supported. The safe motherhood and child health project will address safe motherhood through information, education and communication activities to reduce the number of births and through training to ensure that each birth is safer. Growth promotion will also be supported and assistance will be provided to improve the health information system. The use of ORS and social mobilization will help to reduce child mortality from diarrhoea. Improving management, training and education with an adequate supply of drugs and equipment will reduce mortality caused by ARI. The EPI project will aim to maintain and improve the success of EPI primarily by reducing the incidence of measles, poliomyelitis and neonatal tetanus, aiming at a 90 per cent coverage rate. The malaria project will develop new approaches using a combination of training to improve early diagnosis and treatment, provision of chemoprophylactic drugs for vulnerable groups, and use of insecticide-impregnated bed-netting. Community financing of the PHC project will aim to assist the Government in experimenting with different approaches to financing PHC at the community level, utilizing the existing infrastructure and NGOs. Large-scale support to the AIDS control project will be provided by the social mobilization programme to assist the population in avoiding the transmission of the human immune deficiency virus. Through training and the provision of supplies in conjunction with social mobilization, the micronutrient deficiencies project will address vitamin A and iodine deficiencies and anaemia.

Food security and nutrition

31. Malawi has developed a strong policy capacity in food security and nutrition, with assistance from UNICEF and Cornell University. Information systems should be further strengthened and analytical capacity improved so that decision makers will get reliable information for improved decision-making and clear policy options. The programme will be implemented through three separate but related projects. The national food security and nutrition surveillance project will direct its attention at strengthening the capacity of the Food Security and Nutrition Unit of the Department of Economic Planning and Development to use generated information for decision-making, to analyse policies and programmes from the perspective of their potential effects on household food security and to disseminate information to the Government and donor community through relevant reports and the Food Security and Nutrition Bulletin. Through the household food security and nutrition surveillance project, the Ministry of Agriculture will continue to receive support from UNICEF/Cornell University to develop an institutional capacity to implement household food security and nutrition monitoring surveys, thus implementing a simple and sustained information system throughout the country. The project will assist in ensuring that this information is used for decision-making at national and subnational levels. The food security, agriculture and nutrition research project will aim at strengthening the institutional capacity of Bunda College of Agriculture to design and carry out food security and nutrition-related research through staff training, increased manpower and the provision of equipment and field-related expenses.

Education

32. Over the next decade, the need for education presents a major challenge to the Government, which has already made some progress as a result of the World Conference on Education for All. The role of UNICEF will be very much as a facilitator and innovator with the Government. The major programme objectives will be to achieve by 1995 a net enrolment ratio in primary schools of 75 per cent and a pupil-teacher ratio of 50 to 1, as well as to reduce illiteracy among adults from 59 to 30 per cent. In addition, the programme will specifically seek to increase the literacy rate among females and enrolment of girl children in primary schools, reduce drop-out rates, make the curriculum more relevant and develop systems to reach out-of-school youths. UNICEF support will largely focus on systems development through three projects at the national level, while education at the community level will be supported through the area-based programmes. The Government is also anxious to try to develop a system of integrated village-based education within the community through the establishment of village resource centres. These centres will facilitate all aspects of community development, with a strong emphasis on education.

33. Curriculum development will be central to improved access to education for children, and upgrading the skills of currently employed but untrained teachers will be emphasized. By supporting national seminars and research, UNICEF will continue to play an important role in assisting the Government

plan for achieving universal access to primary education. As out-of-school youths have been out of the reach of the education system up to now, funds will be set aside to conduct research to establish and meet their education needs. A trial project will test ideas and develop a broad-based, integrated approach to education. Additionally, funds will be sought to develop low-cost experimental community education resource centres, which will be built with community resources and UNICEF inputs in the form of training and supplies. UNICEF will also assist in training literacy instructors and supervisors and providing refresher training for existing supervisors. Supplementary funds will be sought to expand instructor and teacher training, as well as for the development of teaching aids, paper recycling, the provision of materials and improving logistics.

Water supply and environmental sanitation

34. This programme will be based on a strategy developed by the Government, with UNDP and UNICEF support, to provide low-cost, clean water sources and latrines. The programme will integrate infrastructure development with hygiene education and will help to expand access to water through simple shallow wells. It will be concentrated in four districts where, through the use of basic community-oriented technologies, the district water supply and sanitation project will support the provision of clean water supply and sanitation for 80 per cent of the population. At the same time, these activities will be supported by the provision of hygiene education. The project will rely on social mobilization backed by strong management and training. The rural borehole project will complement the shallow well project in areas that are unsuitable for shallow wells. Through the Robert Nestdale Memorial project, funds are available up to the end of 1992, when additional funding will be required to extend the project to all four districts selected by the Government, UNDP and UNICEF.

Refugee women and children

35. In the past four years, Malawi has accepted almost 1 million refugees, including 470,000 children, from neighbouring Mozambique. With assistance from the international community, UNHCR in particular, the Government has managed a potentially disastrous situation exceptionally well. The refugee children are particularly disadvantaged because of the trauma of exile and upheaval. It is essential to give them equal opportunities to benefit from development efforts. UNICEF has supported the refugee children by incorporating their needs into the national EPI programme, and the rates of immunization among the refugees are similar to those of the national population. However, significantly more assistance is needed, and UNICEF will seek supplementary funding for these children in very difficult circumstances through two projects. The health and education project implemented through the Government and UNHCR will broaden support from basic survival to strengthening basic development. UNICEF will seek supplementary funds for EPI, CDD, malaria, primary education and adult literacy. While UNHCR and international NGOs have provided significant support for water supply and sanitation, new refugee sites must be established and new water supply and

sanitation facilities are needed. It is estimated that a significant number of refugees will remain in Malawi up to 1994, even if the security situation in Mozambique stabilizes fairly soon.

Advocacy and social mobilization

36. Over the past four years, Malawi has made major progress in developing social mobilization and social research capabilities. Research on economic and social conditions in the country has also played a major part in shaping government and donor strategies. These institutional capacities need to be expanded and further strengthened. Additionally, there is a need to develop an equally strong capacity in the Government to advocate on behalf of children with NGOs, the private sector and the international community.

37. Malawi has adopted the World Summit for Children Declaration and Plan of Action and will prepare a national programme of action to implement the goals. A project for advocacy of these goals will aim at setting up a consultative system of orientation and advocacy within the political and traditional leadership. It will be essential to disseminate widely information on the national programme of action and to organize seminars for religious groups and NGOs in order to ensure that this alliance mobilizes a broad cross-section of opinion on behalf of the survival, protection and development of children.

38. Most programmes and projects will have a strong social mobilization component, which will be funded from their respective budgets. The social mobilization project is designed to develop a national and subnational capacity for social mobilization. There is an existing strong national social mobilization structure, which was put into place for UCI, and which involves artists, intellectuals, religious groups and village drama groups. These groups will be expanded and improved to support the programme strategies.

Monitoring and evaluation

39. Sound and professional social research has been the strong foundation on which strategies have evolved in the country. The Centre for Social Research, as a highly respected partner of the Government, donor agencies and NGOs in development planning and evaluation, will play a major role in the social research project, seeking to produce reliable, up-to-date and relevant information related to the problems of mothers and children for planning, monitoring and evaluation. The project for monitoring of the goals for children will provide technical support for setting up a monitoring system, using information from all sectors, establishing a central database and producing annual reports on goals implementation.

40. The strengthening of national capacity to monitor CSD goals is central to the programme strategy agreed to between UNICEF and the Government. All projects will have built-in monitoring systems so that the Government can gauge their relative effectiveness for national policy formation. Additionally, a goal monitoring system will be established in the Government,

which will incorporate information from various ministries and donors. At the national level, support for research on household food security, child care, AIDS and economic structural adjustment will continue to be carried out primarily by the Department of Economic Planning and Development, the Centre for Social Research, the Ministry of Agriculture and Bunda College. The UNICEF office in Malawi has also developed a computerized programme information management system for monitoring budgets and inputs, now being adopted globally by UNICEF. There will be an integral link between the government system for goals monitoring and the internal UNICEF system for information management. This will greatly facilitate planning, monitoring and evaluation and will also strengthen donor coordination.

Collaboration with other agencies

41. The agreement by the Joint Consultative Group on Policy to focus on poverty was reflected in the development of a strong inter-agency collaborative process. The incorporation of CSD goals is regarded as integral to the focus on poverty. As a starting point, UNDP, the United Nations Population Fund (UNFPA) and UNICEF adopted the same programme cycle, 1992 to 1996. An inter-agency technical group was formed to develop areas of collaborative programming. The Government and the United Nations agencies' joint situation analysis will be the reference point for collaboration. The United Nations agencies involved in this exercise include the World Health Organization (WHO), UNDP, the Food and Agriculture Organization of the United Nations (FAO), UNFPA, UNICEF and the World Bank. In order to supplement this United Nations structure, sector working groups that include bilateral and multilateral donors (the United States Agency for International Development (USAID), the Overseas Development Administration (ODA) of the United Kingdom) and EEC also meet regularly. These working groups have been instrumental in forging a common understanding of situations and strategy development. The long-term achievement of the 1990s goals is outside the resource base of UNICEF alone, and the collaboration of all agencies with the Government is essential to make significant progress.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Malawi (1990 and earlier years) UNICEF country classification

Under-five mortality rate	253	(1990)	Very high U5MR
Infant mortality rate	144	(1990)	Very high IMR
GNP per capita	$ 200	(1990)	Low GNP
Total population	8755.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	243	343	404	494
Infant deaths (under 1)	(thousands)	47	58	63	71
Under-five deaths	(thousands)	83	103	111	125
Under-five mortality rate (per 1,000 live births)		343	299	276	253
Infant mortality rate (under 1) (per 1,000 live births)		194	170	157	144

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1981)	Moderate & severe	..	24a
	Severe	..	..
Babies with low birth weight (%, 1981/1987)		12	20*
% of primary school children reaching final grade (1980/1988)		28	31

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1986)		../../..	../../ 96*
Prevalence of wasting (%, 1981)		..	8
Prevalence of stunting (%, 1981)		..	61
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		104	87
Food production per capita index (Index 1979-1981=100, 1980/1990)		98	80
Household expenditure (% of total income, 1980-1985)	All food/cereals		55/28

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988-1989)			14
Access to health services	Total	..	80
(% of population, 1980/1985)	Urban/rural	../..	../..
Access to safe water	Total	41	56
(% of population, 1980/1985)	Urban/rural	77/ 37	97/ 50
Access to adequate sanitation	Total	84	..
(% of population, 1980/1985)	Urban/rural	100/ 81	../ ..
Births attended by trained personnel (%, 1980/1988)		..	45
Maternal mortality rate (per 100,000 live births, 1979/1987)		..	170

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	86	92	97
	DPT	66	55	81
	Polio	68	50	79
	Measles	65	53	80
Pregnant women (%) immunized against	Tetanus	..	38	82

/...

TABLE 1 (continued)

Malawi

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	61/ 43	72/ 55
(%, 1980/1988)	Male	74/ 48	79/ 56
	Female	49/ 39	65/ 53
Secondary enrolment ratio (gross/net)	Total	4/ ..	4/ ..
(%, 1980/1988)	Male	5/ ..	6/ ..
	Female	2/ ..	3/ ..
Adult literacy rate, 15 years & older	Total	30	..
(%, 1970/1990)	Male/female	42/ 18	../ ..
Radio/television sets			
(per 1,000 population, 1980/1988)		45/210	242/ ..

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	4518.0	6183.0	7340.0	8755.0	12458.0
Population aged 0-15 years	(Thousands)	..	2967.7	3669.5	4443.1	6349.0
Population aged 0-4 years	(Thousands)	..	1142.6	1497.4	1805.4	2438.4
Urban population (% of total)		6	9	10	12	16
Life expectancy at birth	Total	40	44	46	48	52
(years)	Male	40	43	45	47	51
	Female	41	45	47	49	53
Total fertility rate		7.3	7.6	7.6	7.6	6.8
Crude birth rate (per 1,000 population)		56	57	57	56	49
Crude death rate (per 1,000 population)		25	23	21	20	16

		About 1980	Most recent
Contraceptive prevalence rate		1	7
(%, 1977/1984)			
Population annual growth rate	Total	2.9	3.5
(%, 1965-1980/1980-1990)	Urban	7.8	6.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.2	-0.1
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		7	15
Population in absolute poverty	Urban/rural	25/ 85	../ ..
(%, 1980)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%)			
Government expenditure	Health/education	6/ 9	7/ 11
(% of total expenditure, 1980/1987)	Defence	13	7
Household expenditure	Health/education		3/ 4
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	143	394
(1980/1989)	As % of GNP	12	27
Debt service			
(% of goods & services exports, 1980/1989)		22	17

a/ Aged 6-59 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: MALAWI
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $9,150,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2596	797	506	281	117	834	456	804	3675	2716	6391
Water supply and sanitation	158	35	50	7	5		53	111	266	153	419
Nutrition	374		134		61		836		1405		1405
Education	227		509				280		1016		1016
Community organization and development	203	82	131	162			73	135	407	379	786
Women-centred programme	70		132				113		315		315
Advocacy	84	2	37		39		222		382	2	384
Emergency	162	98		24			8		170	122	292
Planning and project support	350		22		1283		486	1	2141	1	2142
Freight	206								206		206
GRAND TOTAL	4430	1014	1521	474	1505	834	2527	1051	9981 a/	3373	13354

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to funds unfunded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: MALAWI Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	1150	1150	1150	1150	1150	5750
	FSF	606					606
	NSF	3300	3300	3300	3300	3300	16500
Rural area-based	GR	670	670	670	670	670	3350
	NSF	750	750	750	750	750	3750
Urban area-based	GR	150	150	150	150	150	750
	NSF	500	500	500	500	500	2500
Food security and nutrition	GR	390	390	390	390	390	1950
Education	GR	500	500	500	500	500	2500
	NSF	1000	1000	1000	1000	1000	5000
Water and environmental sanitation	FSF	718					718
	NSF	1440	1890	1890	1890	1890	9000
Refugee women and children	NSF	1200	1200	1200			3600
Advocacy, social mobilization and monitoring	GR	440	440	440	440	440	2200
TOTAL	GR	3300	3300	3300	3300	3300	16500
	FSF	1324					1324
	NSF	8190	8640	8640	7440	7440	40350
GRAND TOTAL		12814	11940	11940	10740	10740	58174

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MALAWI	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	3	655
Local national Professional and General Service established posts	9	294
Operating costs		671
Total	12	1620
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	3	632
Supplementary funds	1	226
Local national Professional and General Service project posts		
General resources	19	570
Supplementary funds	6	120
Total	29	1548

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.